



Online Ticket Payment "Immediate" Refund Request

Today's Date:	
Defendant's Name:	
Case Number:	
Amount of Refund: (Online Transaction Data Entry	y Report and CourtView Supporting Documents Attached)
Reason:	
	Approved:
Administrative Supervisor, Cash Management Public Services Division	Karen Y. Williams Assistant Director & Assistant Chief Clerk Public Services Division
Refund	ler to Provide
Trace #: Card Type:	